

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** HOMESTEAD LIVING INC (0009987)

**Address:** 1040 QUINN DR, WAUNAKEE, WI 53597

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2003

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0095625      **End Date:** 09/15/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008281    Served 10/07/2005

Deficiencies Cited

83.19(3)(c)

83.43(3)(b)1

Subject Area

INVESTIGATE ALLEGATION

TESTING BY SERVICE COMPANY

Compliance  
Verified

Corrected

**Survey ID:** 0093892      **End Date:** 12/10/2004      **Type:** STANDARD      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008084    Served 01/07/2005

Deficiencies Cited

13.05(2)

50.065(2)(bm)

Subject Area

CLIENT PROTECTION

OUT OF STATE BACKGROUND CHECKS

Compliance  
Verified

Corrected

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID: 0091319      End Date: 10/03/2003      Type: OTHER      Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007874    Served 10/28/2003**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	12/08/2004	Yes
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	12/08/2004	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	12/08/2004	Yes

**Survey ID: 0090736      End Date: 08/04/2003      Type: STANDARD      Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10007831    Served 08/09/2003**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/05/2003	Yes
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	12/08/2004	Yes

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**Provider Inspection Summary**  
For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

Enforcement History
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<b>Date: 09/27/2005</b>	<b>SOD #10008281</b>	<b>Appealed: Yes</b>	<b>Decision: STIPULATION</b>
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Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---83.19(3)(c)  
FORFEITURE---83.43(3)(b)1

<b>Date: 01/05/2005</b>	<b>SOD #10008084</b>	<b>Appealed: Yes</b>	<b>Decision: STIPULATION</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---13.05(2)  
FORFEITURE---50.065(2)(bm)

<b>Date: 10/23/2003</b>	<b>SOD #10007874</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
OTHER SANCTION  
FORFEITURE---50.065(2)(bb)  
FORFEITURE---83.33(2)(g)3

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 06/16/2004**

**Date Investigation Completed: 12/29/2004**

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

10008084

**Date Complaint Received: 08/06/2003**

**Date Investigation Completed: 10/02/2003**

Subject Area(s)

RESIDENT RIGHTS

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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